CLAIMS ONLY

Application Number	Filing Date
10/630635	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1							51						
2	1						52						
3		1					53						
4							54						
5							55						
6							56						
7		1					57						
8							58						
9		1					59						
10	1						60						
11		1					61						
12							62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23	1						73						
24		1					74						
25							75						
26		1					76						
27							77						
28		1					78						
29							79						
30							80						
31	1						81		1				
32		1					82						
33							83						
34		1					84						
35							85						
36							86						
37	1						87						
38							88						
39		1					89						
40							90						
41		1					91						
42							92						
43		1					93						
44	1						94						
45		1					95						
46							96						
47		1					97						
48							98						
49							99						
50							100						
Total Indep	6						Total Indep						
Total Depend	30						Total Depend						
Total Claims	36						Total Claims						